

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830918 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8		1				
9			1			
10				1		
11					1	
12						1
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25					1	
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49						
50						
TOTAL IND.			2			
TOTAL DEP.				18		
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.				2		
TOTAL DEP.					18	
TOTAL CLAIMS	20					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS